



Interventional Radiology Order Form Radiology Associates of Venice and Englewood

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WWW.RAVERAD.COM

Date: _____

Patient Name: _____

DOB: _____

Patient Telephone: _____

Work/Cell: _____

Prior Imaging: Exam _____ Location _____

Insurance: _____

Authorization/Referral needed: Yes No

Auth./Referral number: _____

Referring Office Contact: _____

Phone #: _____ FAX #: _____

● **Is the patient taking any of the following medications:**

Plavix Aspirin Coumadin LovenoX

● **DIAGNOSIS / HISTORY:** _____

● **INTERVENTIONAL PROCEDURES EVALUATE and TREAT for:**

Vascular Procedures: *(Consultation Required)*

- | | |
|--|--|
| Arteriogram: | Venogram: |
| <input type="checkbox"/> Carotid | <input type="checkbox"/> Lower Extremity |
| <input type="checkbox"/> Cerebral | <input type="checkbox"/> Upper Extremity |
| <input type="checkbox"/> Aortogram | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Aortogram with run off | |
| <input type="checkbox"/> Renal | |
| <input type="checkbox"/> Upper Extremity Right or Left | |
| <input type="checkbox"/> Mesenteric | |
| <input type="checkbox"/> Visceral | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> With possible intervention as indicated-balloon angioplasty, stent placement, laser atherectomy | |
| <input type="checkbox"/> Embolization of _____ | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Clot Thrombolysis | <input type="checkbox"/> Thrombectomy |

- Endovascular Abdominal Aortic Aneurysm repair
- IVC Filter Placement Retrievable or Permanent
- IVC Filter Removal
- PICC Line Single Lumen Double Lumen
- Port Placement Chest Arm
- Port Removal
- Port Dye Study with intervention if indicated
- Tunneled CVC for dialysis/apheresis
 - Placement Exchange Removal
- Non Tunneled CVC for dialysis/pheresis
 - Placement Exchange Removal
- Other central venous access device: _____

Spine/Pain Management: *(Consultation Required)*

- Vertebroplasty/Kyphoplasty Level/s: _____
- with biopsy
 - MRI(CT) performed
 - MRI(CT) not performed please schedule prior to consult
- Epidural Steroid Injection / Facet Level/s: _____
- Facet Injection Level/s: _____
- Nerve Root block Level/s: _____
- Transforaminal Injection Level/s: _____
- Joint/Bursal Injections
 - SI AC Knee Shoulder Hip Iliopsoas AC
- Other _____
- Alcohol neurolysis injection
- Lumbar puncture /Spinal Tap

Biopsy: *(Consultation Required)*

Specify Site: Bone Lung Liver Renal
other _____

* See Back For Special Instructions

Oncology Procedures: *(Consultation Required)*

- Chemo Embolization Site: _____
- Tumor Coablation Site: _____

Percutaneous Thermal Ablation *(Consultation Required)*

- Liver Lung R L Renal R L

Drainage/Tube Placement

- Thoracentesis therapeutic diagnostic
- Paracentesis therapeutic diagnostic
- Abscess Drainage
 - Peritoneal Retroperitoneal Liver Other:
 - with without drainage catheter left in place if possible
 - Pleural/Abdominal Catheter R L Bilateral
 - Placement Removal
 - Pericardiocentesis Fistulogram/Sinogram
 - Joint Aspiration Cyst Aspiration

Dialysis Therapy:

- Dialysis access evaluation/fistulogram
- with intervention if indicated
- Fistula Declotting
- Tunneled CVC for dialysis Placement Exchange
- Removal
- Non Tunneled CVC for dialysis Placement
- Exchange Removal Catheter Clearance

Gastrointestinal/Biliary:

- Celiac Plexus Block Cholecystostomy
- Gastrostomy Tube Jejunostomy tube Gastro-Jejunostomy
- Placement Exchange Removal
- Exchange G-Tube to GJ
- Percutaneous Transhepatic Cholangiogram (PTC)
- TIPSS New Revision of existing

Genitourinary:

- Nephrostogram
- Percutaneous suprapubic catheter placement
- Percutaneous nephroureteral stent for drainage R L Bil
- Percutaneous nephroureteral stent for stone treatment R L Bil
- Percutaneous double J ureteral stent R L Bil
- Percutaneous nephrostomy for drainage R L Bil
- Exchange of catheter---Site _____

Women's Health:

- Uterine Fibroid embolization Hystersalpingogram

| | |
|-------------------------------|------|
| Referring Physician Signature | Date |
|-------------------------------|------|